

The pages in question where revised at the request of the Michigan Office of Financial and Insurance Services.



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2003  
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311 <small>(Current Period)</small>	1311 <small>(Prior Period)</small>	NAIC Company Code	95844	Employer's ID Number	38-2242827
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Dental Service Corporation [ ]	
	Vision Service Corporation [ ]		Other [ ]		Health Maintenance Organization [ ]	
	Hospital, Medical & Dental Service or Indemnity [ ]		Is HMO, Federally Qualified? Yes [ ] No [ ]			
Incorporated	06/27/1978		Commenced Business	02/08/1979		
Statutory Home Office	2850 West Grand Boulevard <small>(Street and Number)</small>			Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	2850 West Grand Boulevard <small>(Street and Number)</small>			313-872-8100 <small>(Area Code) (Telephone Number)</small>		
	Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>					
Mail Address	2850 West Grand Boulevard <small>(Street and Number or P.O. Box)</small>			Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	2850 West Grand Boulevard <small>(Street and Number)</small>			248-443-1093 <small>(Area Code) (Telephone Number)</small>		
	Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>					
Internet Website Address	www.hap.org					
Statutory Statement Contact	Dianna Ronan <small>(Name)</small>			248-443-1093 <small>(Area Code) (Telephone Number) (Extension)</small>		
	dronan@hap.org <small>(E-mail Address)</small>			248-443-8610 <small>(FAX Number)</small>		
Policyowner Relations Contact	2850 West Grand Boulevard <small>(Street and Number)</small>			313-872-8100 <small>(Area Code) (Telephone Number) (Extension)</small>		
	Detroit, MI 48202 <small>(City or Town, State and Zip Code)</small>					

OFFICERS

President	Francine Parker #	Secretary	Maurice E. McMurray
Treasurer	Ronald W. Berry		

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

N. Charles Anderson	Sandra Baumchen	Donald W. Boggs #
Mary Beth Bolton, M.D.	Herman W. Coleman	Dennis H. DePaulis #
Mary C. Dickson	J. Timothy Gargaro #	Jethro Joseph
Cleve L. Killingsworth Jr.	Gregg Pane #	William L. Peirce
Carol Quigley IHM	Catherine A. Roberts #	Nancy Schlicting #
Gerald K. Smith #		

State of .....  
County of .....  
}

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

\_\_\_\_\_  
President

\_\_\_\_\_  
Maurice E. McMurray  
Secretary

\_\_\_\_\_  
Ronald W. Berry  
Treasurer

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2004  
  
\_\_\_\_\_

a. Is this an original filing?  
b. If no,  
1. State the amendment number  
2. Date filed  
  
3. Number of pages attached

Yes [   ] No [   ]  
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\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER AND HMO MEMBERS OF A HOLDING COMPANY  
GROUP**

**PART 1 - ORGANIZATIONAL CHART**